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10/709,114

*Fee only*  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Joseph, et al.

Serial No.: 10/709,114

Group Art Unit: 2826

Filed: April 14, 2004

Examiner: Abraham, Fetsum

For: BICMOS TECHNOLOGY ON SIMOX WAFERS

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action mailed August 16, 2004, please amend the above-identified patent application as follows:

10/07/2004 AFORD1 00000012 00000000 00000000

01 FC:1201 264.00 00

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10709114

## CLAIMS AS FILED - PART I

|                                                           | (Column 1)    | (Column 2)   |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS                                              | 30            |              |
| FOR                                                       | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 30 minus 20 = | 10           |
| INDEPENDENT CLAIMS                                        | 4 minus 3 =   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

10-1-04

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | 30                               | Minus 30                           | = -           |
| Independent                                                             | 7                                | Minus 4                            | = 3           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT B                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   |                                  | Minus                              | =             |
| Independent                                                             |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT C                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   |                                  | Minus                              | =             |
| Independent                                                             |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18=    | 180    |
| X86=      | 86     |
| +290=     |        |
| TOTAL     | 1036   |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             | 264            |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X43=             |                |
| +145=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X86=             |                |
| +290=            |                |
| TOTAL ADDIT. FEE |                |